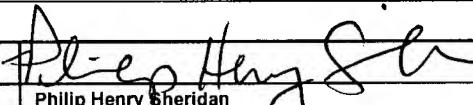


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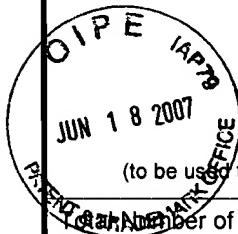
Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4010)		Complete if Known					
		Application Number	09/522,185				
<b>Fee TRANSMITTAL</b> for FY 2007		Filing Date	March 9, 2000				
		First Named Inventor	Henry Li				
		Examiner Name	Moore, Ian N.				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Art Unit	2616				
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 450.00)		Attorney Docket No.	17425US01				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy					
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below		<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s)		<input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>						<u>Small Entity</u>	
Each claim over 20 (including Reissues)						Fee(\$)	Fee(\$)
						50	25
Each independent claim over 3 (including Reissues)						200	100
						360	180
Multiple dependent claims						<u>Multiple Dependent Claims</u>	
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee</u>		<u>Fee Paid (\$)</u>
-20 or HP		x	=	_____	_____		_____
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	_____		_____
-3 or HP		x	=	_____	_____		_____
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>		
-100		/50	(round up to a whole number)	x	=		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Petition For Two Month Extension Of Time Under 37 CFR 1.136(a) _____							

SUBMITTED BY	
Signature	
Name (print/type)	Philip Henry Sheridan
Registration No. (Attorney/Agent)	59,918
Telephone	(312)775-8000
Date	June 13, 2007

This collection of information is required by 37 CFR 1.196. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**TRANSMITTAL  
FORM**



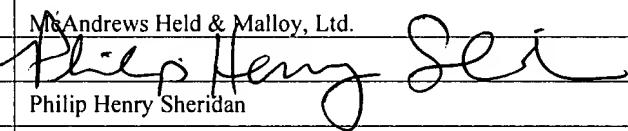
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **35**Application Number **09/522,185**Filing Date **March 9, 2000**First Named Inventor **Henry Li**Art Unit **2616**Examiner Name **Moore, Ian N.**Attorney Docket Number **17425US01**

**ENCLOSURES (check all that apply)**

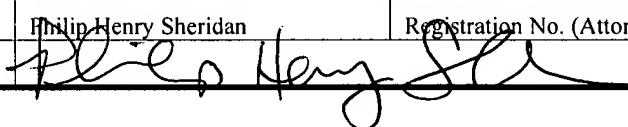
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Philip Henry Sheridan		
Date	June 13, 2007		

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 13, 2007.

Name (Print/type)	Philip Henry Sheridan	Registration No. (Attorney/Agent)	59,918
Signature			Date
			June 13, 2007